
NON-LIFE HAZARD USE REGISTRATION FORM

1. Business Ownership (mark the correct box)

(0) ____ Corporation (1) ____ Private/Individual (2) ____ Partnership (3) ____ Condominium
(4) ____ Cooperative (5) ____ Government Agency (6) ____ LLC Corporation

2. Business Owner Mailing Address:

If Private/Individual: Name _____

If Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Soc. Sec. #:

Telephone: (____) _____ - _____ Tax ID No: _____

BUSINESS LOCATION INFORMATION

3. Name of Building or Business: _____

Building Location: _____

(Number & Street)

Suite or Room No: _____ Municipality: _____ County: _____

Business #: (____) _____ - _____ Block #: _____ Lot #: _____

Height of Building: _____ Stories: _____ Square Footage: _____ Occupant Load: _____

BOCA Use Group: _____ Brief Description of Business: _____

Washington Borough Fire Prevention Bureau
100 Belvidere Avenue
Washington, NJ 07882
Email : 8387FM@gmail.com